

| POSITION                         | INITIALS | ID NO. | DATE    |
|----------------------------------|----------|--------|---------|
| <b>FEE DETERMINATION</b>         |          |        |         |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |         |
| <b>FORMALITY REVIEW</b>          | DN       | 72346  | 1-31-01 |
| <b>RESPONSE FORMALITY REVIEW</b> |          | 71632  | 4/12/01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date   |
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| 1     | 6     | 11       |        |
| 2     | 12    | 12       | 7-1-01 |
| 3     | 13    | 13       | 8-1-01 |
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| Claim | Final | Original | Date    |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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